

Culturally and Linguistically Appropriate Services (CLAS) Initiative
Coordinating Committee Meeting
July 19, 2007
250 Washington, Conference Room Room7A

Meeting Attendees: Jennifer Cochran, Dianne Hagan, Brunilda Torres, Bill O'Connell, JoAnn Kwaas, Cathy O'Connor, Jordan Coriza, Seena Perumal Carrington, Nancy Wilbur, Samuel Louis, Laura Innis, James Destine, Sharon Dyer, Christine Haley Medina

- I. Introductions
- II. Seena Carrington
 - A. Graduate Degrees in Public Health & Human Rights Law
 - B. Previously worked for New York City government to address needs of homeless population, especially in health care
 - C. Working in Commissioner's Office on a variety of issues, such as health care reform and diversity-related initiatives
- III. Change to Time of Coordinating Committee Meeting
 - A. Diversity Council Monthly program also third Thursday of the month
 - B. New Coordinating Committee meeting will be from 9:30-11:15
 - C. Will try to end meeting early (11:30) so we can attend diversity council meeting
- IV. Co-Chairs Update
 - A. Language Access
 - 1. Working on putting standards in a work plan from logic model
 - 2. A lot of questions along the way, relying on guidance from Coordinating Committee
 - a. Subcommittee wanted guidance on timelines, end products, put work in context
 - b. Subcommittee asked to identify what are the questions ; what kind of guidance does your committee seek?
 - 3. Previously felt subcommittee disconnect with coordinating committee, now there will be a subcommittee representation on coordinating committee
 - 4. Subcommittee concern that overlap among all the subcommittees
 - a. subcommittee put concerns on the side so they could move on the process
 - 5. Subcommittee still has questions
 - a. Coordinating Committee needs to develop a way to answer these questions
 - b. Subcommittee asked to put questions in writing, and bring them to the next meeting
 - c. Should subcommittee focus on internal or external interventions?
 - i. both
 - d. Is CLAS DPH wide?

i. that is the intent; all bureaus invited to participate

B. Organizational Supports

1. Working on work plan in subcommittee
 - a. work plan taken from logic model, looking to identify activities and objectives

C. Culturally Competent Practice

1. Currently defining terms, e.g. health care organization, respectful
2. Early next month we will finish definitions, then we will move onto the work plan

D. Questions

1. What is the mechanism for updating the work plan, and communicating the changes
2. Logic Model
 - a. based on substance abuse model
 - b. had facilitators, met twice in person, once on the phone
 - c. always evolving, and can be interpreted differently
3. Work Plan
 - a. each of the subcommittees are working on it, at different places with it
 - b. working document that can be posted on website and bring can be updated quarterly
 - c. overlapping issues – like RFR, probably not the best with time to have everyone working on that; the work plan will help us to see where the overlap is
4. Possible role of new administration
 - a. Results-oriented
 - b. Addressing health disparities is a priority of Administration
 - c. The CLAS Initiative should be time-sensitive in producing a plan, so that it can help inform new policies/programs
 - d. Coordinating Committee would like for Seena to provide a link between work in CLAS and Commissioner's objectives

V. CLAS Infrastructure

A. Shift of CLAS Committee structure

1. When CLAS developed, had center structure
2. Steering committee adds another layer that does not seem necessary now
3. Would like coordinating committee to be “another committee”, no longer use the term “subcommittee” but working committees

B. Institutionalization of CLAS into DPH

1. CLAS should be part of everybody's work
2. Would be ideal if CLAS came out of the Commissioner's office to ensure implementation across DPH

- a. the commissioner's office could serve the role of the executive committee/steering committee in implementation
 - b. RFRs can go through POS, but we need to get feedback back, we might need someone to participate on a subcommittee
 - c. if the Commissioner says "yes" to CLAS, then it will become more of a priority for the rest of the Department
 - d. Coordinating committee would like help from Seena in understanding how to best present information about CLAS to him
- C. When DPH had center structure, CLAS was seen as a Center for Child and Community Health Initiative
 - 1. We should re-invite membership to committees and working groups, the time right might be now
- D. Need to have a way for people to walk off the committees
- VI. CLAS Standards and RFR Process
 - A. Statements/Affirmations not in the RFR now
 - B. The Bureau of Child and Family Health has boilerplate, that includes language around CLAS standards
 - C. DPH can negotiate with vendors and change scope of service in contracts
 - D. There is some common language in all contracts, but should be standard language
 - E. Inclusion of disparities language in RFR
 - 1. To date this has been dependent upon the individual RFRs writers ability to understand disparities
 - 2. CLAS is meant to help "lift the floor" for the RFR writer
 - F. Drafting RFR language
 - 1. would be inefficient to have each of the subcommittees working on RFR language
 - 2. working group will be created, Sharon Dyer of POS will chair the group
 - 3. membership should include members of subcommittees and those who sat on the Center's RFR boilerplate language workgroup
 - 4. Need to determine what the implications are, what the resources are, technical support, etc.
 - 5. Could just add standards as they are already written and subcommittees can learn how to support the vendors
 - 6. DPH needs to evaluate the vendors and their responses; measure what they have already done
 - 7. DPH needs to provide training to vendors around implementing standards (e.g. Boards of Health asked to implement Emergency Preparedness Plan, given a template without technical support; becomes words on paper)

8. We could ask vendors to state where they are right now with one standard, provide a baseline, and address how they are going to improve
 - a. Hospitals respond to requests for language access and collection of REL data; important to look at vendors where they are; we haven't had any hospital that says "no" to wanting to improve their access
9. Prioritize the standards that are the mandates
10. To add another requirement for providers that we haven't thought through yet is not a good idea
11. Agreement that there should be an ad hoc workgroup
 - i. Christine ask for volunteers for this group to begin immediately
 - ii. Sharon to find out who should be recruited to group
 - iii. have something to report on in the next meeting

VII. Coordinating Committee Roles

A. Ensure consistency across standard definitions

B. Review standards

1. Whole initiative is broader than the Standards
2. Be clear to the committees the process of "review standards" because committees are attached to work

C. Oversight

1. Does anyone in CLAS infrastructure have the authority to make decisions?
 - a. Coordinating committee a negotiating body
 - b. Commissioner's office can say "yes" or "no"
 - c. More discussion needed, a concern now that we don't have a steering committee ; we should have a meeting with what is the decision making process

D. Outputs for next meeting

1. By August 16, have a draft of RFR language
2. By August 16 have a draft of work plan, have at least one short term outcome to present at the next meeting
3. A list of definitions, this could be something that could be used for an RFR writer, some committees are at a point to be able to provide guidance, and the other committees can work on a specific product

D. Communication

1. Committee members should bring info back to bureau, this for everyone not just the coordinating committee

2. Develop communication plan – who knows, what do you know, how do we get this out both internally and externally
 - E. If we have these things, how do establish community feedback, add from community to book
 - F. Set timetables – do this collaboratively with Commissioner’s office
 - G. Create common learning experiences – invite local academics in for presentations (i.e. Williams, Kreiger)
- VIII. Working Committee Roles
- A. Definitions
 - B. Draft standards – short term work group, but committees will work on this in a deeper way
 - C. Identify products to be developed in the implementation of the standard, developing what they would look like
 - D. Request from committee member that a consistent message is drafted for the committee membership about expectations in developing the work plan
- IX. Internal vs. external starting points
- A. Subcommittee members asking questions about where to start developing work plan, should the focus be on DPH internal processes or external vendor process?
 1. Some of these questions arising out of fear, is this process going anywhere?
 2. Working on RFR is external, but doesn’t preclude internal
 3. Subcommittees encouraged to write down questions they have and bring them to coordinating committee for discussion
 4. A separate meeting should be held, where all subcommittee members invited to participate, to discuss internal/external implementation of CLAS
 5. a “heart and minds” campaign, so members feel uncomfortable asking vendors to meet standards, when own DPH program is not meeting standards
- X. Next steps
- A. Memo will be drafted to subcommittee members
 - B. Subcommittees will draft work plan
 - C. Sharon Dyer will lead RFR work group
 - D. Next meeting – August 16, 9:30am, Room 5A

C. Haley Medina 07.23.07